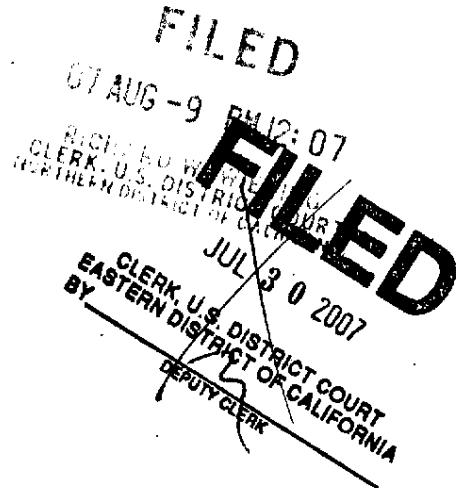


E-filing

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

10 M J. WALTERS

11 Plaintiff,

12 vs.

13 DR. DIAZ - DR. LEE - DR. NGUYEN, MTA -
14 GARILLARDO

15 Defendant

1:07-cv-1109 ANI DAB (PC)
CASE NO. _____PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

C 07 4090

SBA

(PR)

16 I, M. WALTERS, declare, under penalty of perjury that I am the
 17 plaintiff in the above entitled case and that the information I offer throughout this application
 18 is true and correct. I offer this application in support of my request to proceed without being
 19 required to prepay the full amount of fees, costs or give security. I state that because of my
 20 poverty I am unable to pay the costs of this action or give security, and that I believe that I am
 21 entitled to relief.

22 In support of this application, I provide the following information:

23 1. Are you presently employed? Yes No X

24 If your answer is "yes," state both your gross and net salary or wages per month, and give the
 25 name and address of your employer:

26 Gross: Net: N/A

27 Employer: _____

28 _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 Prison Kitchen & Pay.

5
 6
 7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes No X
 10 self employment
- 11 b. Income from stocks, bonds, Yes No V
 12 or royalties?
- 13 c. Rent payments? Yes No X
- 14 d. Pensions, annuities, or Yes No X
 15 life insurance payments?
- 16 e. Federal or State welfare payments, Yes No X
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 N/A

22
 23 3. Are you married? Yes No X

24 Spouse's Full Name: N/A

25 Spouse's Place of Employment: N/A

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ Net \$

28 4. a. List amount you contribute to your spouse's support: \$

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).
 5 *N/A*
 6 _____

7 5. Do you own or are you buying a home? Yes No
 8 Estimated Market Value: \$ *0* Amount of Mortgage: \$ *0*

9 6. Do you own an automobile? Yes No
 10 Make *N/A* Year *11* Model *11*

11 Is it financed? Yes *N/A* No *11* If so, Total due: \$ *0/11*
 12 Monthly Payment: \$ *0*

13 7. Do you have a bank account? Yes No (Do not include account numbers.)

14 Name(s) and address(es) of bank: *N/A*
 15 _____

16 Present balance(s): \$ *N/A 0*

17 Do you own any cash? Yes No Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes No

20 _____

21 8. What are your monthly expenses?

22 Rent: \$ *0* Utilities: *0*

23 Food: \$ *0* Clothing: *0*

24 Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<i>0</i>	\$ <i>0</i>	\$ <i>0</i>
<i>0</i>	\$ <i>0</i>	\$ <i>0</i>
<i>0</i>	\$ <i>0</i>	\$ <i>0</i>

28 \$ *0* 9. Do

1 you have any other debts? (List current obligations, indicating amounts and to whom they are
2 payable. Do not include account numbers.)
3 _____
4 _____

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 07-15002 v.s-court of Appeal
10 North Circuit.

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15
16 7-22-07

17 DATE SIGNATURE OF APPLICANT

M. Miller

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1
2 Case Number: _____
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CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of ① for the last six months at SALINAS VALLEY STATE PRISON.

M.J. Santos WALTERS [prisoner name]
where (s)he is confined.

[name of institution] SALINAS VALLEY STATE PRISON.
I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____

[Authorized officer of the institution]

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

MICHAEL J. SANTOS WALTERS #K_20096

PRISONER-PLAINTIFF,

V.

DR. DIAZ, DR. LEE, DR NGUYEN, MTA SENG , MEDICAL
DEFENDANT/RESPONDENT.

CASE NUMBER

DECLARATION
IN SUPPORT OF REQUEST
TO PROCEED
WITHOUT PREPAYMENT OF
FULL FILING FEE1. Are you presently employed in prison? Yes No

If yes, a) state the number of hours you work per week and the hourly rate of pay: 0800-1200 1230-1500 hrs

b) state the place of your incarceration SALINAS VALLEY STATE PRISON

31625 HWY 101, P.O. BOX 1050 "A" 4-116 lower , SOLEDAD, CA 93960-1050

2. Have you received, within the past twelve months, any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or form of self-employment? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Gifts or inheritances? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Any other income (other than listed above)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Loans? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is yes, describe such source of money and state the amount received from each during the past twelve months: N/A

3. Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts, if applicable) Yes No

If the answer is yes, identify each account and separately state the amount of money held in each account for each of the six (6) months prior to the date of this declaration. N/A